

10/25/01

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PTO/SB/05 (03-01)

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Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	EPI-00312
First Inventor	NYCE, Jonathan W.
Title	Compositions & Formulations With An Epiandrosterone Or A Ubiquinone, & Their Use For Treatment Of Asthma Symptoms & Reducing Adenosine
Express Mail Label No.	EL 836372632 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☒ Applicant claims small entity status.
See 37 CFR 1.27.
- ☒ Specification [Total Pages]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets]
- ☐ Oath or Declaration [Total Pages]
 - ☐ Newly executed (original or copy)
 - ☒ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - ☐ CD-ROM or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: 09 / 841,426

Prior application information.

Examiner

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Viviana Amzel, Ph.D.				
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Name (Print/Type)	Viviana Amzel, Ph.D.	Registration No. (Attorney/Agent)	30,930
Signature		Date	Oct 25, 2001

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<h1>FEE TRANSMITTAL for FY 2001</h1> <p>Patent fees are subject to annual revision.</p> <table border="1"><tr><td>TOTAL AMOUNT OF PAYMENT</td><td>(\$)</td><td>926.00</td></tr></table>		TOTAL AMOUNT OF PAYMENT	(\$)	926.00	Complete if Known	
		TOTAL AMOUNT OF PAYMENT	(\$)	926.00		
		Application Number				
		Filing Date				
		First Named Inventor	Jonathan W. Nyce			
		Examiner Name	S. Jiang			
Group Art Unit	1617					
		Attorney Docket No.	EPI-00312			

METHOD OF PAYMENT		FEE CALCULATION (continued)																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1728 Deposit Account Name: EpiGenesis Pharmaceuticals, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																													
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 710</td><td>201 355</td><td>Utility filing fee</td><td>355</td></tr><tr><td>106 320</td><td>206 160</td><td>Design filing fee</td><td></td></tr><tr><td>107 490</td><td>207 245</td><td>Plant filing fee</td><td></td></tr><tr><td>108 710</td><td>208 355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$) 355</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 710	201 355	Utility filing fee	355	106 320	206 160	Design filing fee		107 490	207 245	Plant filing fee		108 710	208 355	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$) 355		
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2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>79</td><td>-20** = 59</td><td>X 9</td><td>= 531</td></tr><tr><td>4</td><td>-3** = 1</td><td>X 40</td><td>= 40</td></tr><tr><td colspan="3">Multiple Dependent Claims</td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	79	-20** = 59	X 9	= 531	4	-3** = 1	X 40	= 40	Multiple Dependent Claims																	
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SUBTOTAL (2)			(\$) 571																												
*or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$) 0																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Viviana Amzel, Ph.D.	Registration No. (Attorney/Agent)	30,930
Signature		Telephone	(609) 409-3034
		Date	October 25, 2001

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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

In re Divisional Application of:

Applicant: Nyce J.W., et.al

: Group Art Unit: 1617

Serial No: To be assigned

: Appl. Ref. No: EPI-00312

Filed: Herewith

: Examiner: Dr. S. Jiang

Title: COMPOSITION, FORMULATIONS & METHOD FOR PREVENTION & TREATMENT OF DISEASES AND CONDITIONS ASSOCIATED WITH BRONCHOCONSTRICTION, ALLERGY(IES) & INFLAMMATION

COVER SHEET

Assistant Commissioner for Patents
Washington DC 20203

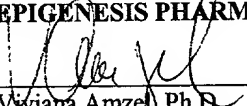
Sir/Madam:

The following documents are enclosed:

1. Utility Patent Application Transmittal (PTO/SB/05) (1 pg)
2. Fee Transmittal (in duplicate) (1 pg)
3. Claim for Priority under 35 USC 120 (1 pg)
4. Preliminary Amendment (10 pgs)
5. Application Cover Sheet, Specification, Claims & Abstract (31 pgs)
6. Power of Attorney (2 pgs)
7. Notice of Recordation of Assignment Document, Recordation Cover Sheet and Assignment (7 pgs)
8. Declaration (2 pgs)
9. Express Mail No. EL836372632US
10. This Cover Sheet (1 pg)
11. Certificate under 37 CFR 1.10
12. Return Post Card

Respectfully submitted.
EPIGENESIS PHARMACEUTICALS, INC.

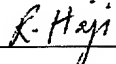
Date: October 25, 2001


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I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail" service under 37 CFR 1.10 and addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231, on October 25, 2001, by Rashida Haji.


SIGNATURE